"Dr. Chetty Uncovers Effective COVID Treatment: Early Intervention And Antihistamines Key To Successful Outcomes"

Summary/Abstract

Dr. Shankara Chetty is a natural science biologist and general practitioner who has been living in Port Edward, South Africa for the past 18 years. He has been a frontline worker during the COVID-19 pandemic and has been advocating for early treatment for the virus. He has been examining every patient with COVID-19 himself and has setup a tent outside his home to do so. He has been trying to understand why patients were getting into the hospital by looking at the symptomatology that was too far down the road. He has been asking patients to come in and see him as soon as they have a sore throat so that he can start the treatment early and understand the virus better.

In this conversation, the speaker discusses their experience with a subset of coronavirus patients who exhibited a strange and sudden deterioration exactly one week after the onset of the illness. The speaker noticed that the severity of the illness varied between patients, with some having mild symptoms while others were quickly becoming severely ill. This biphasic illness seemed to have no correlation between the first and second phases, leaving the speaker to investigate what was causing this sudden and unpredictable change. They concluded that it was not a typical pneumonia as it was progressing too quickly, and they began to examine the first few patients to try and understand what was going on.

The speaker discussed a group of patients that started presenting symptoms on the 8th day after feeling completely healthy the day before. These patients were not acutely ill and did not have the typical clinical picture of a pneumonia. Instead, they were just breathless and unable to take a deep breath. The varying degree of severity from the 8th day onwards suggested that it was an immune response or a body's response to something rather than an infection. The speaker concluded that the only pathology that fits the picture of some people having no response and some having varying degrees of response is an allergic reaction to an allergen. Those not allergic to the allergen will have no response, those mildly allergic will have a transient reaction, and those severely allergic will have an anaphylactic reaction and end up critically ill.

Dr. Shamsi discussed the difference between different people's reactions to bee stings and how it can cause trauma. He noted that bee sting allergies are not dependent on any comorbidities, such as high blood pressure or diabetes. He then noted that in this pandemic, it was important to identify the cause of the illness early on, as it can cause damage to multiple organs if left untreated. As a result, he began using steroids as the mainstay of treatment for his patients as it is a steroid responsive illness. He then used antihistamines to help mop up the mediators that were released when the reaction started. He was able to help the critically ill patient, who was diabetic and hypertensive, by combining the use of steroids and antihistamines.

Timestamps

0:04:56	Clinical Presentation of Patients with Respiratory Symptoms on the 8th Day of Illness
0:06:56	Analysis of Type 1 Hypersensitivity Reactions in Patients with Bee Sting Allergies
0:09:31	Heading: Investigating the Role of Spike Protein in Coronavirus-Induced Hypersensitivity Reactions
0:11:25	Analysis of South African Variant of COVID-19 and its Impact on Mortality and Mobility
0:13:32	Dr. Kory's Perspective on Early Treatment and Vaccines for COVID-19
0:15:14	Exploring the Controversy Surrounding Vaccination Strategies During the COVID-19 Pandemic
0:19:15	Exploring the Science Behind mRNA Vaccines: A Discussion on the Immunology of the Coronavirus
0:23:14	Heading: Dr. Shankara's Perspective on the Ineffectiveness of the COVID-19 Vaccine
0:27:03	Discussion on the Biologic Effects of Spike Protein and Vaccine Mandates
0:28:51	Heading: Potential Long-Term Effects of Vaccines on Health
0:31:03	Analysis of Long-Term Effects of Suppressing Immunity in Response to COVID-19
0:33:28	Analysis of Spike Protein in Vaccines and its Impact on Public Health

Highlights

So you're going to have a variety of tissue around your body expressing spike protein. Those tissues that express it are going to be recognized as foreign and as such, they will trigger a host of autoimmune responses. And so we expected to see this diversity of pathology. And of course, there's two places to look in long term exposure to this. One would be long COVID and the other would be vaccine side effects.. Now, I'd say that the numbers don't add up, but of course the numbers are not really necessary to examine. The spread of pathology is more important. And we've seen that with the long COVID and more importantly, the vaccine side effects, we've seen the clotting issues, we've seen the myocarditis, we've seen the neuropathies, we've seen the worsening of Alzheimer's and dementia in those patients. We've seen the suppression of immunity and the resultant sudden reemergence of latent viruses like herpes, zoster, cytomegalovirus, respiratory sensitivity of viruses.

And so we'd expect to see an increase in clotting events. So strokes and heart attacks and deep vein thrombosis and pulmonary emboli, those kind of issues. We've also seen that spike protein causes inflammation of myocardium through an immunologic damage. And so we expect to see an increase in myocarditis and pericarditis and that kind of inflammation then the structure of spike protein has shown that it has similarities to other pathologic proteins that are encountered.. It's shown similarities to prions. Prions are infectious proteins that are implicated in Alzheimer's, dementia, neuropathies, that kind of thing. And so we'd expect to see changes in that direction. We also know that there are similarities to HIV proteins which result in immunosuppression. And if that occurs, immunosuppression is going to lead to a reemergence of latent illnesses in its host or a reemergence of cancers that were in remission. Your immunity is actually what keeps those two things at

bay. And if you suppress your immunity you'll get reemergence of those kind of things.

So Spike protein is the primary pathogen of COVID illness. So we got to understand how this causes pathology. Now, a lot of the work that I've been pushing research to get into is into the biologic effects of spike protein because the vaccine is going to expose you to a long term spike protein. The virus exposes you on the 8th day to a transient dose of spike protein. Now of course, the transient dose, the first thing it can do is in those that are allergic, trigger an allergic reaction.

That does not confer any benefit to me. So why am I being forced to take it? To protect you. The mandates make absolutely no sense. Now, coming back to the side effects, we got to look at spike protein very closely to understand what's going to happen with this. After all, Spike protein is the pathogen of COVID illness, not coronavirus. So coronavirus does cause a mild transient viral infection, but the mortality and morbidity of COVID illness resides in the pathology that's caused by Spike protein.

It is not a vaccine benefit. My treatment prevents severe illness and death as well. And my treatment is restricted to sick people. I do not expose the entire planet to the side effects of my treatment. I only expose sick people. So the vaccine should be classified as a therapeutic. After all, it's a gene therapy. It's the first time messenger RNA is used in the vaccine field. It's always been gene therapy.. So you got to put it into the right context. This is a therapeutic, and we haven't proven that it prevents severe illness or death. They want me to do randomized clinical trials to prove that my medication works. Why isn't it the same playing field for a therapeutic mRNA intervention? And even if this vaccine has the

potential to prevent severe illness and death, that is an individual benefit. So if you take the vaccine, you won't get severely ill or die.